

Kitchener-Waterloo and Brantford. "The sense I've got is if there is a position opening up, they certainly aren't going to wait until July to fill it, because they're afraid they may lose that position."

In February, Ontario passed an omnibus bill that ties billing numbers to hospital privileges and reserves the right to restrict billing numbers in parts of southern Ontario. Ontario's association of interns and residents didn't respond to several requests for an interview, but David Keegan says CAIR is encouraged by the Ontario government's decision to give incentives a chance before introducing restrictions. He says the incentives include hourly wages for emergency-room coverage, direct contracts and locum relief.

Keegan himself plans to practise in a rural community in Newfoundland. He is participating in an incentive program in which the province grants loans to medical students on

the condition that they work off the loans in an underserved area on completion of their residency.

"This is a positive thing that we support," he says. "I find it interesting that here I am a leader of an organization whose members are crying out for incentive measures, and as it happens, I myself am on an incentive program."

In Halifax, Darren Jakubec says he has become more "vocally involved" in medical society and government efforts to set up a locum service and incentives. He, too, expects to practise in a rural area, preferably one with a few other GPs where he will have hospital privileges and surgical backup.

On this damp Sunday night in

mid-January, Jakubec and his associate return home from the seniors' lodge about 12:30 am. Luckily it's the last call they'll get tonight, though they have to attend weekend review rounds at 8 am.

Overall, Jakubec says, he has mixed emotions about medicine. "There's a very nice sense of accomplishment with getting through the residency and learning lots and working with patients," he says. "At the same time, there's frustration about where you're going to be working and what you're going to be doing. . . .

"No matter which way I look at it, I'm still pretty happy I'm doing it. At the end of the day, somehow, something's better because you've been around." ■

"If you starve an area of its young blood, can a system grow?"

— Dr. David Keegan, president of CAIR

MOOD STILL ANGRY FOLLOWING BITTER SASKATCHEWAN STRIKE

Wounds still haven't healed at the College of Medicine at the University of Saskatchewan. "The mood has not changed," says Dr. Don Duncan, president of the provincial association of interns and residents, who says residents feel "betrayed" and remain "very angry with the disrespect that has been shown to them."

With placards bearing slogans such as Negotiate Don't Dictate and Talk Tuition Now, Saskatchewan residents formed picket lines last July in a bitter strike that lasted 6 weeks. Duncan says things had been simmering since 1993, when the college announced a \$2200 tuition fee for postgraduate medical students to help offset budget cuts of \$440 000.

At the time, according to their

collective agreement, Saskatchewan's 200 residents were to be charged only a \$70 registration fee that was paid by the college. "We weren't approached [about tuition] at all," recalls Duncan, who is in the final year of a residency in child and adolescent psychiatry. "They did not approach us in negotiations and say, 'There [is] a problem. We've got to come up with some reduction in funding. How can we work this into your contract?'"

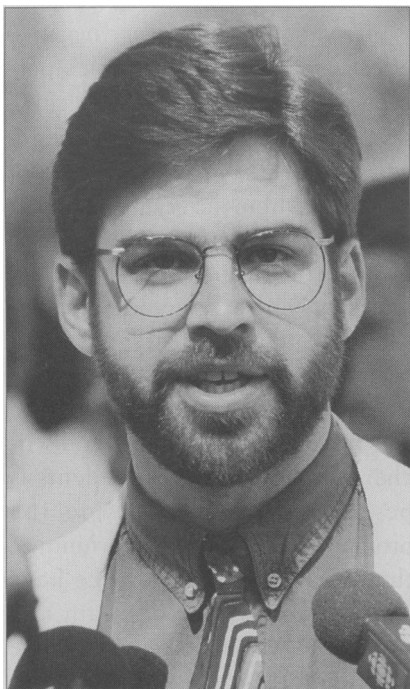
He says residents believed they were being asked to shoulder the entire responsibility for the college's financial ills. "We felt very much — and this is what angered the residents — that the dean was . . . downloading the burden to those he felt were least likely to be able to defend

themselves," says Duncan.

"That was not anywhere near the truth," responds Dr. David Popkin, dean of the College of Medicine. In 1992–93, says Popkin, the university asked the college to reduce its budget by \$1.6 million over 4 years. To help meet that goal, the college fired 21 technical and support staff, eliminated 7 full-time faculty positions and, in July 1994, introduced the tuition fee.

Before the university announced its intentions to downsize, says Popkin, the college had already come "to the realization that there was a significant cost associated with the education of postgraduate medical students."

About the same time, the college negotiated with the university and



Dr. Don Duncan: "We are very angry."

the province, "the result being that the residents were recognized as full-time students and had all the benefits of being full-time students. From that point on, they were able to delay any payment of student loans from the province, which is a status, as far as I'm aware, enjoyed only by residents in Saskatchewan."

In other words, argues Popkin, residents can't have it both ways. "If you asked any resident at any medical school in Canada, 'Would you like to pay tuition or not?', I can tell you that 100% of them would say, 'No, we would rather not pay tuition, thank you.'"

"But from a societal point of view, I firmly believe that students, no matter what college or where they're at, have an obligation to pay some portion of the cost of their education [because] that's the way the Canadian education system works. [The reason] why medical residents should be exempt from that once they obtain the status of full-time students and the benefits thereof escapes me from a fundamental [standpoint]."

Duncan says Popkin's suggestion "that residents should, quote, contribute to the funding of their educa-

tion" was "the original slap in the face.

"This was an insult that demonstrated, in our view, the lack of appreciation for the contributions that residents do make to the health care system and to the educational system."

Duncan, who says that tuition is built into residents' "reduced salary level," says they already contribute through teaching and by performing the hospital duties of other physicians. "The third way we contribute," he adds, "is the College of Medicine bills our activity on a fee-for-service basis and this money comes back to the clinical practice plan that funds the salary of the faculty that teaches. So in a more direct sense than any other student on campus here, we do fund our education."

Obviously, those arguments fell on deaf ears. Throughout 1994-95, Duncan says, the university and the college wouldn't discuss the issue and residents refused to pay their tuition. The situation came to a head at the end of the academic year as residents faced possible forfeiture of their final training evaluations or their positions.

"Of course, with the tight matching system and the limited number of

Gord Waldner, StarPhoenix

postgraduate positions available in the country, we know that to be out of a position is to lose your career — period," says Duncan. At the end of June, residents bowed to the pressure, paid their fees and, with a 90% vote in favour of a strike, walked off the job July 1.

Although many medical schools make residents pay registration fees of at least a few hundred dollars, Saskatchewan residents aren't the first to be hit with tuition fees. Quebec medical schools charge postgraduate tuition fees of about \$3000, Dalhousie University charges more than \$1100, and the University of Calgary charges almost \$500.

Indeed, says Duncan, during the strike Saskatchewan residents offered to accept a \$900-\$1100 tuition and forgo a 3% salary increase. "If they were going to introduce a tuition fee, we felt it should be at a reasonable level," says Duncan, a father of three who has had to take out loans to pay his fees.

But, he says, the college proposed instead to exempt senior residents from tuition, make junior residents pay a lower amount, and reserve the



Residents walk the picket line at Royal University Hospital in Saskatoon during last summer's strike

right to charge future trainees "whatever they wanted. The college was buying into what was occurring across the country, that the senior colleagues sell out the junior colleagues. We refused to participate."

The matter remains unresolved. After the strike, residents passed a vote of nonconfidence in Popkin — a measure of their anger, says Duncan — and applied for union certification. The university opposed the application, and the two sides squared off, once again, at a labour relations board hearing in mid-February.

When this was written, that decision, like one from the Saskatchewan Court of Appeals, was pending. Popkin says the residents, arguing that registration and tuition fees are the same, have taken legal action to force the college to pay the tuition on their behalf.

If the court decides in the resident association's favour, "from my point

of view, it will be unfortunate for us," says Popkin, who notes that there would be an appeal to the Supreme Court of Canada. "From the residents' point of view, it will be wonderful. Mind you, some of the options we'll have to consider is whether we can have as many residency programs."

In the meantime, Popkin says, Ontario's medical schools also are considering postgraduate tuition fees. [As this article went to press, the Ontario government was considering a request from the province's medical schools to charge residents tuition fees of \$1500 a year, beginning this July. — Ed.] Sources say other medical schools, such as University of British Columbia, have toyed with introducing or raising tuition fees but — temporarily, at least — have dropped the idea; residents believe it is because they fear a repeat of the Saskatchewan strike.

"It's certainly had a very negative effect with respect to people's perception of the College of Medicine," says Popkin, who reports that he received a nearly unanimous vote of confidence from faculty members. "It certainly was very difficult for those of us in the dean's office, who had until that time a very good relationship with residents. After all, I had been the postgraduate dean or associate since 1984."

For Duncan, who like other disenfranchised Saskatchewan residents is beginning to look outside the province for practice opportunities, the confrontation and strike have also been "a source of strain and stress. . . . I wish that things could be a little more settled, a little more amenable, so that we could get about our business of training."

But he doesn't hold out much hope. "I'm not optimistic in the slightest," he says. ■

Conferences continued from page 1168

May 1–2, 1996: Business and Health Care: a Work and Health Perspective (joint health policy conference of the Centre for Health Economics and Policy Analysis and the Institute for Work and Health)

Toronto

Ms. Tazim Hirani, registration administrator; tel 416 927-2027, ext. 2105; fax 416 927-4167; THirani@IWH.on.ca

May 1–5, 1996: Undersea and Hyperbaric Medical Society 1996 Annual Scientific Meeting

Anchorage, Alaska

Jane Dunne, Undersea and Hyperbaric Medical Society, 10531 Metropolitan Ave., Kensington MD 20895-2627; tel 301 942-2980; fax 301 942-7804

May 2–3, 1996: Ontario Gerontology Association 15th Annual Conference — Changing Times: Changing Policies, Building Strategies to Address Today's Realities

Toronto

6th Annual Bayne-Galloway Lecture: Prof. Susan A. McDaniel, University of Alberta

Ontario Gerontology Association, 2nd floor, 7777 Keele St., Concord ON L4K 1Y7; tel 905 660-1056, fax 905 660-7450

May 4–9, 1996: American Psychiatric Association 149th Annual Meeting

New York

American Psychiatric Association, Division of Public Affairs, 1400 K St. NW, Washington DC 20077-1676; fax 202 682-6255

May 11, 1996: Medical Psychotherapy for Primary Care Physicians symposium (sponsored by Pfizer Canada Inc. and the Medical Clinic for Person-Centred Psychotherapy)

Toronto

Speakers: Dr. Marian Stuart and Dr. Joel Jeffries

Dr. Michael Paré, tel 416 229-2399

May 11–19, 1996: Toward an Electronic Patient Record '96

San Diego

Medical Records Institute, tel 617 964-3923, fax 617 964-3926

May 15, 1996: Legal Series II for the Health Care Industry — Workers Compensation Act

Don Mills, Ont.

Ontario Hospital Association, 150 Ferrand

Dr., Don Mills ON M3C 1H6; tel 416 429-2661, fax 416 429-5651

May 16–17, 1996: Designing and Implementing Economic Evaluations in Health Care

Hamilton, Ont.

Department of Clinical Epidemiology and Biostatistics, McMaster University; stephen @fhs.mcmaster.ca

May 27–28, 1996: Leading Edge Disability Management: a Comprehensive Forum for Disability Management Strategies and Solutions

Toronto

(also being held in Vancouver June 3–4, 1996)

Institute for International Research, 1101–60 Bloor St. W, Toronto ON M4W 3B8; tel 416 928-1078, fax 416 928-9613

May 30–31, 1996: Conference for Admitting Personnel

Don Mills, Ont.

Ontario Hospital Association, 150 Ferrand Dr., Don Mills ON M3C 1H6; tel 416 429-2661, fax 416 429-5651

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